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## UTILITY PATENT APPLICATION TRANSMITTAL

| Attorr   | ey Docket No. | 58333.0005       |   |  |  |  |
|----------|---------------|------------------|---|--|--|--|
| First II | nventor       | BAUMAN, Barry B. | 8 |  |  |  |
| Title    | Containe      | r Dispenser      |   |  |  |  |
|          |               |                  | 7 |  |  |  |

(Only for new nonprovisional applications under 37 CFR 1.53(b)) | Express Mail Label No.

| (Only for new moniprovisional applications under 57 OTA 1.55 b)) Express Wall-Edber No.                                                                                                                                                                                                          |                                                                              |                                        |                                                                                                                              |            |            |                               |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------|------------|-------------------------------|--|--|--|
| APPLICA                                                                                                                                                                                                                                                                                          | ATION ELEMENTS                                                               | ADI                                    | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application                                                        |            |            |                               |  |  |  |
| See MPEP chapter 600 con                                                                                                                                                                                                                                                                         | cerning utility patent application conten                                    | ts.                                    | Wa                                                                                                                           | shington,  | DC 202     | 231                           |  |  |  |
| 1. (Submit an original and a                                                                                                                                                                                                                                                                     | Form (e.g., PTO/SB/17)  utuplicate for fee processing)  small entity status. | 7.                                     | CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission |            |            |                               |  |  |  |
| 2. X See 37 CFR 1.27                                                                                                                                                                                                                                                                             |                                                                              |                                        | cieotide and/or Amino A<br>applicable, all necessarj                                                                         |            | ence Su    | ibmission                     |  |  |  |
| 3. X Specification (preferred arrangement)                                                                                                                                                                                                                                                       |                                                                              | а.                                     | Computer Readab                                                                                                              | le Form (  | -          |                               |  |  |  |
|                                                                                                                                                                                                                                                                                                  | e of the invention<br>se to Related Applications                             | b.                                     | b. Specification Sequence Listing on:                                                                                        |            |            |                               |  |  |  |
|                                                                                                                                                                                                                                                                                                  | arding Fed sponsored R & D                                                   |                                        | i. CD-ROM or CD-R (2 copies); or                                                                                             |            |            |                               |  |  |  |
|                                                                                                                                                                                                                                                                                                  | equence listing, a table,                                                    |                                        | ii. paper                                                                                                                    |            |            |                               |  |  |  |
|                                                                                                                                                                                                                                                                                                  | program listing appendix                                                     | •                                      |                                                                                                                              |            |            |                               |  |  |  |
| - Background of<br>- Brief Summary                                                                                                                                                                                                                                                               | of the Invention                                                             |                                        |                                                                                                                              |            |            |                               |  |  |  |
| - Brief Description                                                                                                                                                                                                                                                                              | on of the Drawings (if filed)                                                | ļ                                      | ACCOMPANYING                                                                                                                 | APPLIC     | A HO       | NPARIS                        |  |  |  |
| - Detailed Descr                                                                                                                                                                                                                                                                                 | iption                                                                       | 9. [                                   | Assignment Papers                                                                                                            | s (cover s | heet & d   | document(s))                  |  |  |  |
| - Claim(s)<br>- Abstract of the                                                                                                                                                                                                                                                                  | Disclosure                                                                   | 10.                                    | 37 CFR 3.73(b) State (when there is an a                                                                                     |            |            | Power of<br>Attorney          |  |  |  |
| 4. X Drawing(s) (35 L                                                                                                                                                                                                                                                                            | J.S.C. 113) [Total Sheets 13                                                 | ] 11.[                                 | English Translation                                                                                                          |            | ent (if ap | oplicable)<br>  Copies of IDS |  |  |  |
| 5. Oath or Declaration                                                                                                                                                                                                                                                                           | [ Total Pages 36                                                             | 13 12.                                 | Information Disclos<br>Statement (IDS)/P                                                                                     | TO-1449    | <u> </u>   | Citations                     |  |  |  |
|                                                                                                                                                                                                                                                                                                  | uted (original or copy)                                                      | mS 13.                                 | Preliminary Amend                                                                                                            | iment      |            |                               |  |  |  |
| b. Copy from a prior application (37 CFR 1.63 (d)) b. (for continuation/divisional with Box 18 completed)  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)                                                                                                                  |                                                                              |                                        |                                                                                                                              |            |            |                               |  |  |  |
| i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)                                                                                                                                           |                                                                              |                                        |                                                                                                                              |            |            |                               |  |  |  |
|                                                                                                                                                                                                                                                                                                  | the prior application, see 37 CFR                                            | 16.                                    | Request and Certi                                                                                                            |            |            |                               |  |  |  |
| 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35                                                                                                                                                                                                                       |                                                                              |                                        |                                                                                                                              |            |            |                               |  |  |  |
| 6. Application Data Sheet. See 37 CFR 1.76 or its equivalent.                                                                                                                                                                                                                                    |                                                                              |                                        |                                                                                                                              |            |            |                               |  |  |  |
| , 45                                                                                                                                                                                                                                                                                             |                                                                              | [17.                                   | Other:                                                                                                                       |            |            |                               |  |  |  |
| │ 18. If a CONTINUING APPL<br>│ or in an Application Data Sh                                                                                                                                                                                                                                     | CATION, check appropriate box, and s                                         | supply the req                         | uisite information below                                                                                                     | and in a p | orelimin   | ary amendmen                  |  |  |  |
|                                                                                                                                                                                                                                                                                                  | <u></u>                                                                      | :D)                                    | of union analiantian tip :                                                                                                   | ,          |            |                               |  |  |  |
| Continuation Divisional Continuation-in-part (CIP) of prior application No.:/                                                                                                                                                                                                                    |                                                                              |                                        |                                                                                                                              |            |            |                               |  |  |  |
| Prior application information: Examiner Group Art Unit:                                                                                                                                                                                                                                          |                                                                              |                                        |                                                                                                                              |            |            |                               |  |  |  |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. |                                                                              |                                        |                                                                                                                              |            |            |                               |  |  |  |
| The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS                                                                                                                                        |                                                                              |                                        |                                                                                                                              |            |            |                               |  |  |  |
| 15. CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                       |                                                                              |                                        |                                                                                                                              |            |            |                               |  |  |  |
| X Customer Number or Bar Code Label finsert Customer Customer Number or Bar Code Label finsert Customer Label here) or Correspondence address below                                                                                                                                              |                                                                              |                                        |                                                                                                                              |            |            |                               |  |  |  |
| Name                                                                                                                                                                                                                                                                                             | 2462                                                                         |                                        |                                                                                                                              |            |            |                               |  |  |  |
|                                                                                                                                                                                                                                                                                                  | PATENT TRADEMA                                                               | KK OFFICE                              |                                                                                                                              |            |            |                               |  |  |  |
| Address                                                                                                                                                                                                                                                                                          |                                                                              |                                        |                                                                                                                              |            |            |                               |  |  |  |
| City                                                                                                                                                                                                                                                                                             |                                                                              | State                                  |                                                                                                                              | Zip C      | ode        |                               |  |  |  |
| Country                                                                                                                                                                                                                                                                                          |                                                                              | Telephone                              |                                                                                                                              | Fa         | x          |                               |  |  |  |
| Name (Print/Type)                                                                                                                                                                                                                                                                                | DaryT)W. Schmurr                                                             | Reg                                    | istration No. (Attorne)                                                                                                      | //Agent)   | 28.        | 569                           |  |  |  |
| Signature                                                                                                                                                                                                                                                                                        |                                                                              | ······································ |                                                                                                                              | Date       |            | e 24, 20                      |  |  |  |
| i Signature                                                                                                                                                                                                                                                                                      | 1 /1 /                                                                       |                                        |                                                                                                                              | Dale       | Juli       | C 44, 4                       |  |  |  |

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10/602856

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------|--------------------------|------------------------------------|------------------|------------------|------------|---------------|------------------------|----------|---------------------|------------------------|
| 58333.0005                                                                                                                                                                                                                                             |                                    |                                        |                          |                                    |                  |                  |            |               |                        |          |                     |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                         |                                    |                                        |                          |                                    |                  | SMALL ENTITY     |            |               | OR                     | OTHER T  |                     |                        |
| FOR NUMBER FILED NUMBER EXTRA                                                                                                                                                                                                                          |                                    |                                        |                          | RA                                 | TE               | FEE              |            | RATE          | FEE                    |          |                     |                        |
| BASIC FEE (37 CFR 1.16(a))                                                                                                                                                                                                                             |                                    |                                        |                          |                                    | \$ <u>375</u> .  | OR               |            | \$            |                        |          |                     |                        |
| TOTAL CLAIMS (37 CFR 1.16(c))  48 minus 20 = * 28                                                                                                                                                                                                      |                                    | 28                                     | x \$ _2                  | ) <u> </u>                         | 252.             | OR               | x \$ =     |               |                        |          |                     |                        |
| IND                                                                                                                                                                                                                                                    | (37 CFR   1.16(b)) 2 minus 3 = * 0 |                                        | x                        | _=                                 | n/a              | OR               | x =        |               |                        |          |                     |                        |
| MU                                                                                                                                                                                                                                                     | LTIPLE DEPEN                       | DENT CLAIM                             | 1 PRESENT (37            | CPR 1.16(d))                       |                  |                  | +14        | ≈0            | 140.                   | OR       | +=                  |                        |
| * If the                                                                                                                                                                                                                                               | difference in colum                | nn 1 is less then a                    | zero, enter "0" in colun | nn 2                               |                  |                  | TO         | ΓAL           | 767.0                  | OR       | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                                                                                                           |                                    |                                        |                          |                                    |                  | SMA              | LL F       | ENTITY        | OR                     | OTHER TO |                     |                        |
| AMENDMENT A                                                                                                                                                                                                                                            |                                    | CLAIMS<br>REMAINII<br>AFTER<br>AMENDME | NG                       | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>JSLY       | PRESENT<br>EXTRA | RA         | TE            | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDN                                                                                                                                                                                                                                                    | Total<br>(37 CFR 1.16(c))          | *                                      | Minus                    | **                                 |                  | =                | x \$       | =             |                        | OR       | x \$=               |                        |
| ME                                                                                                                                                                                                                                                     | Independent<br>(37 CFR 1.16(b))    | *                                      | Minus                    | ***                                |                  | =                | x          | _=            |                        | OR<br>OR | x=                  |                        |
| A                                                                                                                                                                                                                                                      | FIRST PRES                         | ENTATION C                             | OF MULTIPLE DE           | PENDENT CL                         | AIM              | (37 CFR 1.16(d)) | -          | =             |                        | OR       | +=                  |                        |
|                                                                                                                                                                                                                                                        | <del></del>                        | (Column 1)                             |                          | (Column                            | 2)               | (Column 3)       | TO         | ΓAL,<br>FEE   |                        | OR<br>A  | TOTAL<br>DDIT. FEE  |                        |
| AENDMENT B                                                                                                                                                                                                                                             |                                    | CLAIMS<br>REMAINI<br>AFTER<br>AMENDMI  | S<br>NG                  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY | PRESENT<br>EXTRA | RA         | TE            | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| MQ)                                                                                                                                                                                                                                                    | Total<br>(37 CFR 1.16(c))          | *                                      | Minus                    | **                                 |                  | =                | x \$_      | _=            |                        | OR       | x \$=               |                        |
|                                                                                                                                                                                                                                                        | Independent                        | *                                      | Minus                    | ***                                |                  | =                | x_         | _=            |                        | OR<br>OR | x=                  |                        |
| AN                                                                                                                                                                                                                                                     |                                    | ENTATION (                             | OF MULTIPLE DE           | PENDENT C                          | LAIM             | (37 CFR 1.16(d)) | <b>  -</b> | _=            |                        | OR       | +=                  |                        |
|                                                                                                                                                                                                                                                        | (Column 1) (Column 2) (Column 3)   |                                        |                          |                                    | (Column 3)       | TO<br>ADDIT      | TAL<br>FEE |               | OR <sub>A</sub>        |          |                     |                        |
| AMENDMENT C                                                                                                                                                                                                                                            |                                    | CLAIM:<br>REMAINI<br>AFTER<br>AMENDM   | NG                       | HIGHE<br>NUME<br>PREVIOU<br>PAID F | BER<br>USLY      | PRESENT<br>EXTRA | RA         | TE            | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| Ž<br>M                                                                                                                                                                                                                                                 | Total<br>(37 CFR 1.16(c))          | *                                      | Minus                    | **                                 |                  | =                | x \$_      | =             |                        | OR       | x \$=               |                        |
| ME                                                                                                                                                                                                                                                     | Independent<br>(37 CFR 1.16(b))    | *                                      | Minus                    | ***                                |                  | =                | x          | =             |                        | OR<br>OR | x=                  |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                        |                                    |                                        |                          |                                    |                  | (37 CFR 1.16(d)) | ] [+_      | _=            |                        | OR       | +=                  |                        |
| * 1                                                                                                                                                                                                                                                    | the entry in colu                  | mn 1 is less th                        | an the entry in colu     | nn 2, write "0                     | " in colun       | ın 3.            | T<br>ADDIT | OTAL<br>. FEE |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                                                    |                                    |                                        |                          |                                    |                  |                  |            |               |                        |          |                     |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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File No. 58333.0005

June 24, 2003

MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

**SENT BY COURIER** 

Dear Sir:

RE: New Application by Barry B. Bauman

Title: Container Dispenser

Provisional Patent Application # 60/391,408

Confirmation No. 5280

We are enclosing herewith the following documentation for process:

- 1. Utility Patent Application Transmittal;
- 2. Patent Application Fee Determination Record;
- 3. Declaration for Utility Patent Application;
- 4. Power of Attorney or Authorization of Agent;
- 5. Specification including abstract and claims;
- 6. 13 sheets of formal drawings on paper; and
- 7. Our firm cheque in the amount of U.S. \$767.00 representing your filing fee herein as follows:

| Basic Fee                 | \$375.00                                      |
|---------------------------|-----------------------------------------------|
| Independent Claims -2     | n/a                                           |
| Claims - total of 48      | 252.00                                        |
| Multiple Dependent Claims | 140.00                                        |
|                           | Independent Claims -2<br>Claims - total of 48 |

We look forward to receiving your official filing receipt for the above application in due course.

Yours very truly,

MILLER THOMSON LLP-

Per: V Daryl W. Schnurr

DWS/br encl.